WEST Search History

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DATE: Tuesday, December 06, 2005

Hide?	Set Name	Query	Hit Count
		DB=PGPB,USPT,USOC,EPAB,JPAB,DWPI,TDBD; PLUR=YES; OP=OR	
☐	L1	pyridylmethyl$	10362
☐	L2	pyridyl-methyl$	181
☐	L3	pyridylmethylsulfinyl$	93
☐	L4	pyridylmethylsulfinyl$benzimidazo$	28
☐	L5	l4 and vitamin$	4
☐	L6	ascorbic or thiamine or miacin or retinol or phytonadione or riboflavin or pyridoxine or cyanocobalamin or ascorbate or cholecalciferol or nicotinic or pantothenate or folic or biotin or inositol or choline	191749
☐	L7	L6 and (l3 or l4)	33

END OF SEARCH HISTORY

☐ 1. 20050222210. 13 Dec 04. 06 Oct 05. Prodrugs of imidazole derivatives, for use as proton pump inhibitors in the treatment of e.g. peptic ulcers. Kamiyama, Keiji, et al. 514/338; 546/272.7 546/273.7 A61K031/4439 C07D043/02.

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☐ 5. 20040266828. 14 Jun 04. 30 Dec 04. Nitrosated and nitrosylated proton pump inhibitors, compositions and methods of use. Garvey, David S., et al. 514/338; 546/272.7 A61K031/4439 C07D43/14 C07D43/02.

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☐ 8. 20040024014. 01 Aug 03. 05 Feb 04. Nitrosated proton pump inhibitors, compositions and methods of use. Fang, Xinqin, et al. 514/303; 514/341 514/394 514/396 546/118 546/256 546/272.7 546/273.4 548/304.4 548/343.5 A61K031/4745 A61K031/444 A61K031/4439 A61K031/4178 A61K031/4184 C07D471/02 C07D43/14 C07D43/02.

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☐ 11. 20010047038. 20 Jun 01. 29 Nov 01. Method of using (H+/K+) ATPase inhibitors as antiviral agents. Moorman, Alan E., et al. 514/708; A61K031/10.

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Term	Documents
((4 OR 3) AND 6).PGPB,USPT,USOC,EPAB,JPAB,DWPI,TDBD.	33
(L6 AND (L3 OR L4)).PGPB,USPT,USOC,EPAB,JPAB,DWPI,TDBD.	33

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PGPUB-DOCUMENT-NUMBER: 20040266828
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DOCUMENT-IDENTIFIER: US 20040266828 A1

TITLE: Nitrosated and nitrosylated proton pump inhibitors, compositions and methods of use

PUBLICATION-DATE: December 30, 2004

INVENTOR-INFORMATION:

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ASSIGNEE-INFORMATION:

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APPL-NO: 10/866303 [PALM]
DATE FILED: June 14, 2004

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US-CL-PUBLISHED: 514/338; 546/272.7
US-CL-CURRENT: 514/338; 546/272.7

DOCUMENT-IDENTIFIER: US 20040266828 A1
TITLE: Nitrosated and nitrosylated proton pump inhibitors, compositions and methods of use

Detail Description Paragraph:
[0277] The compounds and compositions of the present invention can be used in this aspect of the invention with any NSAID and selective COX-2 inhibitor known in the art. Such NSAIDs include, for example, aspirin (e.g., acetylsalicylic acid), salicylate esters and salts, acetate esters of salicylic acid, diflurophenyl derivatives (e.g., diflunisal), salicylsalicylic acids (e.g., salsalate), salts of salicylic acids (e.g., sodium salicylate), salicylamide, sodium thiosalicylate, choline salicylate, magnesium salicylate, combinations of choline and magnesium salicylates, 5-aminosalicylic acid (e.g., mesalamine), salicylazosulfapyridine (e.g., sulfasalazine), methylsalicylate, and the like.

Detail Description Paragraph:
[0296] The compounds and compositions of the present invention can be formulated as pharmaceutically acceptable salts. Pharmaceutically acceptable salts include, for example, alkali metal salts and addition salts of free acids or free bases. The nature of the salt is not critical, provided that it is pharmaceutically-acceptable. Suitable pharmaceutically-acceptable acid addition salts may be prepared from an inorganic acid or from an organic acid. Examples of such inorganic acids include, but are not limited to, hydrochloric, hydrobromic, hydroiodic, nitrous (nitrite salt), nitric (nitrate salt), carbonic, sulfuric, phosphoric acid, and the like. Appropriate organic acids include, but are not limited to, aliphatic, cycloaliphatic, aromatic, heterocyclic, carboxylic and sulfonic classes of organic acids, such as, for example, formic, acetic, propionic, succinic, glycolic, gluconic, lactic, malic, tartaric, citric, ascorbic, glucuronic, maleic, fumaric, pyruvic, aspartic, glutamic, benzoic, anthranilic, mesylic, salicylic, p-hydroxybenzoic, phenylacetic, mandelic, embonic (pamoic), methanesulfonic, ethanesulfonic, benzenesulfonic, pantothenic, toluenesulfonic, 2-hydroxyethanesuifonic, sulfanilic, stearic, algenic, .beta.-hydroxybutyric, cyclohexylaminosulfonic, galactaric and galacturonic acid and the like. Suitable pharmaceutically-acceptable base addition salts include, but are not limited to, metallic salts made from aluminum, calcium, lithium, magnesium, potassium, sodium and zinc or organic salts made from primary, secondary and tertiary amines, cyclic amines, N,N'-dibenzylethylenediarnine, chloroprocaine, choline, diethanolamine, ethylenediamine, meglumine (N-methylglucamine) and procaine and the like. All of these salts may be prepared by conventional means from the corresponding compound by reacting, for example, the appropriate acid or base with the compound.

CLAIMS:

4. The compound of claim 3, wherein the benzimidazole is omeprazole, lansoprazole, pantoprazole, rabeprazole, leminoprazole, timoprazole, tenatoprazole, disulprazole, esomeprazole, 2-(2-benzimidazolyl)-pyridine, a tricyclic imidazole, a thienopydidine benzimidazole, a fluoroalkoxy substituted benzimidazole, a dialkoxy benzimidazole, a N-substituted 2-(pyridylalkenesulfinyl) benzimidazole, a cycloheptenepyridine, a 5-pyrrolyl-2-pyridylmethylsulfinyl benzimidazole, a alkylsulfinyl benzimidazole, a fluoro-pyridylmethylsulfinyl benzimidazole, an imidazo[4,5-b]pydridine, RO 18-5362 or IY 81149; wherein the quinoline is a 4-amino-3--carbonyl quinoline, a 4-amino-3-acylnaphthyride, a 4-aminoquinoline, a 4-amino-3-acylquinoline or a 3-butyryl-4-(2-methylphe-nylamino)-8-(2-hydroxyethoxy)quinoline; wherein the pyrimidine is a quinazoline, a tetrahydroisoquinolin-2-yl pyrimidine or YH 1885; wherein the thiadiazole is 3-substituted 1,2,4-thiadiazolo[4,5-a]benzimidazole or a 3-substituted imidazo[1,2-d]-thiadiazole; wherein the sulfinylnicotinamide is a 2-sulfinylnicotinamide; wherein the thienoimidazole is a pyridylsulfinylbenz imidazole, a pyridylsulfinyl thieno imidazole, a theinoimidazole-toluidine, a 4,5-dihydrooxazole, a thienoimidazole-toluidine or Hoe-73 1; wherein the imidazopyridine is a imidazo[1,2-a]pyridine, a

pyrrolo[2,3-b]pyridine or a pharmaceutically acceptable salt thereof.

DOCUMENT-IDENTIFIER: US 6962717 B1
TITLE: Pharmaceutical compositions

CLAIMS:

8. A composition as claimed in claim 1, wherein the active pharmaceutical ingredient is an active ingredient from the group of antidiabetics, analgesics, antiinflammatory agents, antirheumatic agents, antihypotensives, antihypertensives, psychopharmaceuticals, tranquilizers, antiemetics, muscle relaxants, glucocorticoids, agents for treating ulcerative colitis or Crohn's disease, antiallergics, antibiotics, antiepileptics, anticoagulants, antimycotics, antitussives, arteriosclerosis remedies, diuretics, enzymes, enzyme inhibitors, gout remedies, hormones and their inhibitors, cardiac glycosides, immunotherapeutics and cytokines, laxatives, lipid-lowering agents, migraine remedies, mineral preparations, otologicals, antiparkinson agents, thyroid therapeutics, spasmolytics, platelet aggregation inhibitors, vitamins, cytostatics and metastasis inhibitors, phytopharmaceuticals, chemotherapeutics and amino acids.

9. A composition as claimed in claim 1, wherein the active pharmaceutical ingredient is an active ingredient from the group of analgesics, agents for treating ulcerative colitis or Crohn's disease, corticosteroids, proton pump inhibitors, virus statics, lipid-lowering agents, H2 blockers, antibiotics and ACE inhibitors.

14. A process for producing a pharmaceutical composition as claimed in claim 1, which comprises the active pharmaceutical ingredient being mixed with a polymer insoluble in gastric and intestinal juices and compacted to a composition in such a way that the compacted composition has an average internal pore diameter, measured by mercury porosimetry at 1000 to 4000 bar, not exceeding 35 .mu.m, and comprises the compacted composition being comminuted to particles, and the particles being coated with a polymer insoluble in gastric and intestinal juices, and comprises, optionally, the coated particles being converted into a suitable dosage form.

15. A process for producing a pharmaceutical composition as claimed in claim 2, which comprises the active pharmaceutical ingredient being mixed with a polymer insoluble in gastric and intestinal juices and compacted to a composition in such a way that the compacted composition has a percent porosity not exceeding 27%, and comprises the compacted composition being comminuted to particles, and the particles being coated with a polymer insoluble in gastric and intestinal juices, and comprises, optionally, the coated particles being converted into a suitable dosage form.

16. A process as claimed in claim 14, wherein for mixing the active pharmaceutical ingredient with the polymer insoluble in gastric and intestinal juices the active ingredient is moistened with an aqueous and/or organic dispersion or solution of the polymer, and the mixture is granulated and dried.

17. A process as claimed in claim 14, wherein the compaction takes places under a pressure of at least 5 kN per cm length of press.

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☐	L3	method.clm. or process.clm.	2100345
☐	L4	L3 and (proton near3 pump).clm.	295
☐	L5	L4 and vitamin.clm.	21

END OF SEARCH HISTORY

-PAT-NO: 6962717
DOCUMENT-IDENTIFIER: US 6962717 B1

TITLE: Pharmaceutical compositions

DATE-ISSUED: November 8, 2005

INVENTOR-INFORMATION:

NAME	CITY	STATE	ZIP CODE	COUNTRY
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Gruber; Peter	Freiburg			DE

ASSIGNEE-INFORMATION:

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Disphar International B.V.	Hengelo Gld.			NL	03

APPL-NO: 09/890104 [PALM]
DATE FILED: October 16, 2001

PCT-DATA:

APPL-NO	DATE-FILED	PUB-NO	PUB-DATE	371-DATE	102(E)-DATE
PCT/IB99/00180	January 29, 1999	WO00/44353	Aug 3, 2000	Oct 16, 2001	Oct 16, 2001

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US-CL-ISSUED: 424/490; 424/435, 424/436, 424/451, 424/458, 424/464, 424/465, 424/466, 424/467, 424/468, 424/474, 424/479, 424/489, 424/490, 424/494, 424/497
US-CL-CURRENT: 424/490; 424/435, 424/436, 424/451, 424/458, 424/464, 424/465, 424/466, 424/467, 424/468, 424/474, 424/479, 424/489, 424/494, 424/497

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PRIOR-ART-DISCLOSED:

U.S. PATENT DOCUMENTS

Search Selected | Search ALL | Clear

	PAT-NO	ISSUE-DATE	PATENTEE-NAME	US-CL
☐	4540685	September 1985	Bauer	
☐	4713248	December 1987	Kjornaes et al.	
☐	5013727	May 1991	Halskov	
☐	5178868	January 1993	Malmqvist-Granlund et al.	424/490
☐	5316774	May 1994	Eury et al.	

☐	5476667	December 1995	Kristensen et al.	
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FOREIGN PATENT DOCUMENTS

FOREIGN-PAT-NO	PUBN-DATE	COUNTRY	CLASS
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0 148 811	July 1985	EP	
0 212 745	March 1987	EP	
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0 239 361	September 1987	EP	
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2134785	August 1984	GB	
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WO 92/16206	October 1992	WO	
WO 97/23199	July 1997	WO	
WO 97/25980	July 1997	WO	
WO 98/20858	May 1998	WO	

ART-UNIT: 1615

PRIMARY-EXAMINER: Spear; James M.

ATTY-AGENT-FIRM: Leydig, Voit & Mayer, Ltd.

ABSTRACT:

A pharmaceutical composition for slow release of active ingredient in the gastrointestinal tract, comprising a plurality of active ingredient-containing particles coated with a material insoluble in gastric and intestinal juices, where the particles have as core a homogeneous mixture comprising an active pharmaceutical ingredient and a polymer insoluble in gastric and intestinal juices, with an average

internal pore diameter not exceeding 35 .mu.m, makes efficient and pH-independent delaying of release possible even with comparatively small amounts of polymer. It is additionally distinguished

L2: Entry 1 of 1 File: USPT Aug 6, 2002

DOCUMENT-IDENTIFIER: US 6428809 B1
TITLE: Metering and packaging of controlled release medication

Brief Summary Text (4):
The convenience of administering a single dose of a medication which releases multiple active ingredients in a controlled fashion and in a chosen location over an extended period of time, as opposed to the administration of a number of single doses at regular intervals, has long been recognized in the pharmaceutical arts. The advantage to the patient and clinician in having consistent and uniform blood levels of medication over an extended period of time are likewise recognized. The advantages of a variety of controlled-release dosage forms are well known. Among the most important advantages are: (1) increased contact time for the drug to allow for local activity in the stomach, small intestine, colon, or other locus of activity; (2) increased and more efficient absorption for drugs which have specific absorption sites; (3) the ability to reduce the number of dosages per period of time; (4) employment of less total drug; (5) minimization or elimination of local and/or systemic side effects; (6) minimization of drug accumulation associated with chronic dosing; (7) improved efficiency and safety of treatment; (8) reduced fluctuation of drug level; and (9) better patient compliance with overall disease management.

Brief Summary Text (5):
Additionally, many experts believe controlled release drug delivery has many important non-therapeutic ramifications as well, including a financial saving to the patient in terms of fewer lost work days, reduced hospitalization and fewer visits to the physician.

Brief Summary Text (8):
As used herein "controlled-release" is used to describe a system, i.e. method and materials for making an active ingredient available to the patient in accordance with a preselected condition, i.e. time, site, etc.. Controlled-release includes the use of instantaneous release, delayed release and sustained release. "Instantaneous release" refers to immediate release to the patient. "Delayed release" means the active ingredient is not made available until some time delay after administration. Typically, dosages are administered by oral ingestion, although other forms of administration are contemplated in accordance with the present invention. "Sustained release" refers to release of active ingredient whereby the level of active ingredient available to the patient is maintained at some level over a period of time. The method of effecting each type of release can be varied. For example, the active-ingredient can be placed on a semi-permeable membrane having predetermined diffusion, dissolution, erosion or breakdown characteristics.

Brief Summary Text (14):
Various methods have been devised to enable controlled-release systems to be delivered to a patient without destruction of the delivery system during manufacturing, handling and distribution. For example, controlled-release systems have been provided in the form of beads or particles which are packaged in a

gelatin capsule for oral dosage. This method of delivery of the controlled-release system prevents damage to the coating on the beads.

Detailed Description Text (14):
There are many drugs which could benefit from combinations to improve patient benefit. However, with many active ingredients, there is a question of chemical interaction. Thus, several drugs are normally prescribed as separate tablets or capsules which presents a problem in terms of patient compliance, e.g. TB triple therapy, AIDS multi-drug therapy, anti-infectives, etc. Also, delivery of two or more active medicaments could reduce side effects, and/or improve therapeutic response which may in turn permit a decrease in the required dosage. By way of example, we provide the following combinations:

Detailed Description Text (17):
(3) Enalapril.sup.5 and analogs and isomers is an ACE inhibitor used for the treatment of hypertension. This drug has been used with the following and analogs and isomers beta adrenegic-blocking agents, methyldopa, nitrate, calcium blocking agents, hydrazinc, Prazosin.sup.6 and Digoxin.sup.7 without clinically significant side effects. One or more of these agents may be combined with Enalapril to improve the compliance of patient with hypertension and hypertension and other cardiac diseases.

Detailed Description Text (19):
(5) Omeprazole.sup.1 and analogs and isomers is also used in combination with Clarithoromycin.sup.1 for ulcer treatment. These two drugs may be combined as a single dose for patient compliance.

Detailed Description Text (20):
(6) Tamoxifen.sup.10 and analogs and isomers used in treatment of breast cancer has a+/-30% incident of water retention with weight gain >5%. This can be a disturbing consequence for patients with an even more disturbing disease. The addition of a diuretic or combination diuretic to form a single dosage form for reduction in side effect and compliance.

Detailed Description Text (22):
(8) Metformin HCl.sup.12 and analogs and isomers are hypoglycemic agents which have been used in combination with Solfonylurea.sup.13 and analogs and isomers to treat Type 2 Diabetes. These two agents act in different ways on reducing glucose levels. A combination would be helpful for those patients requiring more aggressive oral therapy for their diabetes.

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